STATEMENT OF

FORM 1	ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
BOB BRADY I	FOR CONGRESS			
ADDRESS (number and	street) 12518 Chilton Road			
(Check if address is changed)	Philadelphia		PA L	19154
		CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	IL ADDRESS (Please provide only one e Ifarinella@hotmail.c			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	s http://bobbrady.us			
2. DATE M_!	M / D D / Y Y Y Y			
3. FEC IDENTIFICA		C C00333740	·	
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)		
I certify that I have exam Type or Print Name of	ined this Statement and to the best of my known the	-	ct and complete	
Signature of Treasure	Electronically Filed by Louis J F	arinella	Date 05	08 / 2009
NOTE: Submission of fa	alse, erroneous, or incomplete information ma	ay subject the person signing this	·	_
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95.	mission	FEC FORM 1 (Revised 02/2009)